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THE TEACHING OF PROBATIONERS

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The teaching of probationers means, not only the incorporation of sound principles of nursing science and the ethics of hospital and professional life, but in many instances is a post-graduate course in the refinements and courtesies of every day existence. The average class of probationers usually includes one or two members whose home training has been sadly neglected and unless a definite impression can be made before the end of a three months' probation, it is better to sever their connection with the school immediately than to risk trouble later on. In a great many cases the blame cannot be put on the individual herself, as circumstances may have been such that she has never had her chance and then three months in a training school will do wonders.

When one deals with the college graduate, the business girl, the "spoiled child" and many other distinct types, and must determine at the end of three months whether or not their connection with the school can be kept up, one begins to realize what it means to be in training school work and the responsibility that it entails. From the worldly-wise widow to the innocent high school girl from the small town or country, all are individuals. and as such, problems; it requires all one's experience, judgment and tact to deal with them justly and for the good of all concerned.

As to the actual nursing instruction, when one has a graduate staff of eight or ten nurses in charge of different departments, all from different hospitals with different methods of doing things, and with very definite ideas that their way, and their way only, is the correct one, it becomes a colossal task to have one method used all over the house, so that nurses going from one ward to another will not have to change their entire way of working. This problem is not as trying in a small hospital where the superintendent, her assistant and the operating room supervisor are practically the only instructors and the head nurses are senior pupils. Again in a large, wealthy hospital, where the instructors are instructors and nothing else, it is not a problem at all, as they can follow their pupils all through and watch them in their actual work on the wards. In the average hospital, however, where the instructors are also the administrators and, after instilling the method thoroughly into the pupils in the class room and supervising their first efforts on the wards, must leave them to the head nurses, it becomes

almost the "eternal question." When one has talked for an hour on stupes and has impressed (or rather, thought she has) the way that they are to be applied and warned again and again against the danger of putting the poles over the lighted gas, it gives her a hopeless feeling to find the stupe poles over the water basin, burning cheerfully, and to be told that "Miss So and So" said it was quicker and that there really was no danger. Perhaps having monthly meetings of the head nurses and discussing these problems frankly with them is the best solution of this problem. Another good way is to have the chosen method that is taught in the class room typewritten, put in a small loose-leaf book and a copy sent to each ward. Then if there is any doubt as to how a probationer or a junior nurse is doing a piece of work, it can be quickly and definitely decided by looking at this book.

Class room methods should be as simple as possible and must be varied to suit the conditions. A complicated technique may be a wonderful success in the class room and become a wonderful failure on the wards. Even though a piece of work may show much thought, careful training and perfect execution, unless it is thoroughly practical it is not of a great deal of value. Besides being practical, nursing methods must be economical. If it is practical (and by that I mean it must accomplish the desired end in the largest number of cases) simple in technique, yet not as economical as it is possible to make it, then that point must be considered until that end is accomplished.

The comfort of the patient might appear as of more importance than anything else, but oftentimes the vital point cannot be gained if the patient's comfort is considered. Certainly the ultimate good of the sufferer is the nucleus of all nursing.

Another item of importance is the safety of a method. Everything should be done with the minimum amount of danger to patient, nurse and property.

A good theoretical foundation must be laid for every piece of practical work. If the nurse knows the reason for each move, the result anticipated and the cause of such result, she will be far more interested than she would if she does things because she is told without knowing the reason why or the object to be accomplished. Applying an ice-cap is a simple procedure but it can be made vastly interesting if the different conditions requiring it, the result to be accomplished by its application and the steps by which this result is obtained are explained in detail.

It is a much discussed question whether probationers should be put on the wards at all during the first three months or whether it is better to keep them in the class and demonstration rooms. There are many

arguments for and against both plans, but probably the majority of hospitals feel that they cannot afford, with the present shortage of applicants, to keep them entirely in the class room during the probation period.

At any rate the ideas regarding training schools are rapidly changing and before the next five years have passed we may have educated the public and the governing boards of hospitals into realizing that a training school for nurses is really a school with certain educational standards and duties and is not merely a means for taking care of patients. If the day ever comes, possibly some of our present problems may solve themselves.

CAMPAIGN TO PREVENT BLINDNESS

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Rhode Island: A special effort to lessen the number of cases of infant ophthalmia in Providence, R. I., is being made by Superintendent of Health, Dr. Charles V. Chapin and hereafter physicians and midwives who fail to report cases of the disease which comes under their observation will be held accountable by the health department. In his letter to physicians, stating that ophthalmia neonatorum is a notifiable disease, Dr. Chapin requests every case in which "one or both eyes of an infant are noticed to be inflamed or with a swelling or reddening of the lids and an unnatural discharge, or reddened at any time within two weeks after its birth" to be reported immediately to the Health Department. The Providence Department of Health sends a nurse to visit every case attended by a midwife immediately upon receipt of the birth certificate. This is, of course, an important measure in the prevention of blindness from babies' sore eyes, as the nurse learns herself whether or nor there is any inflammation. The effects of this visiting are, however, confined to midwife cases alone.

Wisconsin: Plans are now being made by the Committee for the Prevention of Blindness of the Wisconsin Association for the Blind which will result in a state-wide educational campaign beginning shortly after the first of the year, which it is hoped will promote wide-spread interest in the preventive work.